|                                                      | △ REPORT OF LOBBYIST                                                                                                                                                       | EMPLOYE                    | K                                    |                                      |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------|--------------------------------------|
|                                                      | (Government Code Section                                                                                                                                                   | on 86116)                  |                                      | 1/13                                 |
|                                                      | or                                                                                                                                                                         |                            |                                      | 1                                    |
|                                                      |                                                                                                                                                                            |                            |                                      |                                      |
| FORM 635<br>1993                                     | IMPORTANT: Lobbying Coalitions must attach a                                                                                                                               |                            |                                      |                                      |
| F                                                    | FOR OFFICIAL USE ONLY                                                                                                                                                      |                            |                                      |                                      |
| (                                                    | CUMULATIVE PERIOD BEGINNING                                                                                                                                                | 01/01/2009                 |                                      | A AMENDMENT 001                      |
|                                                      | TYPE OR PRINT IN                                                                                                                                                           | INK                        |                                      | A AMENDMENT 001                      |
|                                                      | be provided to you pursuant to the Information Practices sure Provisions of the Political Reform Act.                                                                      |                            | e I <u>nformation</u>                | В                                    |
| NAME OF FILER:                                       |                                                                                                                                                                            |                            |                                      |                                      |
| LOS ANGELES; CITY O                                  | F                                                                                                                                                                          |                            |                                      |                                      |
| BUSINESS ADDRESS: (Numb                              | er and Street) (City)                                                                                                                                                      | (State)                    | (Zip Code)                           | TELEPHONE NUMBER:                    |
|                                                      | LOS ANGELI                                                                                                                                                                 | ES CA                      | 90012                                |                                      |
| PART I - LEGISLATIVE<br>(See instructions on reverse | OR STATE AGENCY ADMINISTRATIVE ACTIO                                                                                                                                       | NS ACTIVELY                | LOBBIED DURIN                        | G THE PERIOD                         |
| If more space is needed                              | summary of Payme                                                                                                                                                           | ENTS THIS P                | ERIOD                                |                                      |
| A. Total Payments to In                              | -House Employee Lobbyists (Part III, Section A, Colum                                                                                                                      | n 1)                       | \$                                   | 27628.80                             |
| -                                                    | obbying Firms (Part III, Section B, Column 4)                                                                                                                              |                            |                                      |                                      |
| C. Total Activity Expens                             | ses (Part III, Section C)                                                                                                                                                  |                            | \$                                   |                                      |
| D. Total Other Paymen                                | ts to Influence (Part III, Section D)                                                                                                                                      |                            | \$                                   |                                      |
| GRAND TO                                             | TAL (A + B + C + D above)                                                                                                                                                  |                            | \$                                   | 430105.20                            |
| E. Total Payments in C                               | onnection with PUC Activities (Part III, Section E)                                                                                                                        |                            | \$                                   | 0.00                                 |
| F. Campaign Contributi                               | ons: Part IV completed and attached                                                                                                                                        | X No cam                   | paign contributions m                | ade this period                      |
|                                                      | VEDIEIOA                                                                                                                                                                   | TION                       |                                      |                                      |
| tion contained he                                    | VERIFICAT easonable diligence in preparing this Report. I have erein and in the attached schedules is true and com enalty of perjury under the laws of the State of Califo | e reviewed the F<br>plete. |                                      |                                      |
| Executed on (Date)<br>01/28/2010                     | At (City and State)<br>Sacramento,CA                                                                                                                                       |                            | By (Signature of Em<br>James F. DeBo | ployer or Responsible Officer)<br>OO |
| Name of Employer or Responsi<br>James F. DeBoo       | ble Officer (Type or Print)                                                                                                                                                |                            | Title<br>Chief Legislative           | e Representative                     |

2/13

PERIOD COVERED: 04/01/2009 06/30/2009

| NAME OF FILER: LOS ANGELES; CITY OF                                                                                                        |                     |                                                          |                              |         |                |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------|------------------------------|---------|----------------|-----------------------------|
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
| PART II - PARTNERS, OWNERS, AND EMPL<br>REPORT (See instructions on reverse.)                                                              | OYEES WHOS          | E "LOBBYIST R                                            | EPORTS" (FORM 615) ARI       | E ATTAC | HED TO         | THIS                        |
| Name and Title                                                                                                                             |                     | Name and                                                 | d Title                      |         |                |                             |
| Employee<br>Jim DeBoo<br>Chief Legislative Representative                                                                                  |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
| If more space is needed, check box and attach continua                                                                                     | tion sheets.        |                                                          |                              |         |                |                             |
| PART III - PAYMENTS MADE IN CONNECTIO                                                                                                      | N WITH LOBB         | YING ACTIVITIE                                           | s                            |         |                |                             |
| A. PAYMENTS TO IN-HOUSE EMPLOYEE  (See instructions on reverse. Also enter the Amount  (Column 1) on Line A of the Summary of Payments see | This Period         |                                                          | (1)<br>Amount This<br>Period |         | Cumulat        | 2)<br>tive Total<br>Date    |
|                                                                                                                                            | , ,                 |                                                          | \$ 27628.80                  | \$      | 3              | 30850.54                    |
| B. PAYMENTS TO LOBBYING FIRMS (Incl                                                                                                        | luding Individual ( | Contract Lobbyists)                                      |                              |         |                |                             |
|                                                                                                                                            | (1)                 | (2)                                                      | (3)                          | [ (4    | 1)             | (5)                         |
| Name and Address of Lobbying<br>Firm/Independent Contractor                                                                                | Fees &<br>Retainers | Reimbursements<br>of Expenses                            | A al a a a a a a a           | То      | otal<br>Period | Cumulative<br>Total to Date |
| Conservation Strategy Group                                                                                                                | 37475.00            | 0.00                                                     | 0.00                         | 3747    | 5.00           | 60150.00                    |
| Sacramento CA 95814                                                                                                                        | -                   |                                                          | 0.00                         | +       |                |                             |
| Public Policy Advocates                                                                                                                    | 114500.00           | 773.40                                                   | 0.00                         | 11527   | 3.40           | 232441.40                   |
| Sacramento CA 95814 California Strategies,LLC                                                                                              |                     |                                                          | 0.00                         | +       |                |                             |
| California Grategies, LEC                                                                                                                  | 35000.00            | 0.00                                                     | 0.00                         | 3500    | 0.00           | 60000.00                    |
| Sacramento CA 95814                                                                                                                        |                     |                                                          |                              | +       |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
|                                                                                                                                            |                     |                                                          |                              |         |                |                             |
| If more space is needed, check box and attach continuation sheets                                                                          | Also ent            | THIS PERIOD (<br>er the total of Colurry of Payments sec | nn 4 on Line B of the        | \$ 1    | 87748.         | 40                          |

PERIOD COVERED: 04/01/2009

06/30/2009

NAME OF FILER: LOS ANGELES; CITY OF

| C. ACTI    | VITY EXPENSES (See instructions on re                                                                    | verse.)                                                                           |                                    |                                                                                                                   |    |                                |
|------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|----|--------------------------------|
| Date       | Name and Address of Payee                                                                                | Name and Official Position<br>of Reportable Persons and<br>Amount Benefiting Each |                                    | Description of<br>Consideration                                                                                   | (  | Total<br>Amount<br>of Activity |
| 06/30/2009 | Los Angeles World Airports                                                                               | Bill Leonard                                                                      | \$ 160.00                          | airport parking a -<br>nd shuttle servic -<br>es                                                                  | \$ | 4590.00                        |
|            |                                                                                                          | Board of Equalization                                                             |                                    |                                                                                                                   |    |                                |
|            | Los Angeles CA 91145<br>Reference No: 5                                                                  |                                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles World Airports                                                                               | Anthony Adams                                                                     | 500.00                             | airport parking a -<br>nd shuttle servic -<br>es                                                                  |    |                                |
|            |                                                                                                          | Assembly Member                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles CA 91145                                                                                     |                                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles World Airports                                                                               | Bill Emmerson                                                                     | 500.00                             | airport parking a -<br>nd shuttle servic -<br>es                                                                  |    |                                |
|            |                                                                                                          | Assembly Member                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles CA 91145                                                                                     |                                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles World Airports V                                                                             | Robert Huff                                                                       | 550.00                             | airport parking a -<br>nd shuttle servic -<br>es                                                                  |    |                                |
|            |                                                                                                          | Senator                                                                           |                                    |                                                                                                                   |    |                                |
|            | Los Angeles CA 91145                                                                                     |                                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles World Airports                                                                               | Kevin Jeffries                                                                    | 570.00                             | airport parking a -<br>nd shuttle servic -<br>es                                                                  |    |                                |
|            |                                                                                                          | Assembly Member                                                                   |                                    |                                                                                                                   |    |                                |
|            | Los Angeles CA 91145                                                                                     |                                                                                   |                                    |                                                                                                                   |    |                                |
|            | ore space is needed, check box and attach tinuation sheets.                                              | A                                                                                 |                                    | Activity Expenses) Section C on Line C of lents section on page 1.                                                | \$ | 4590.00                        |
| X NOT      | ER PAYMENTS TO INFLUENCE LI E: State and local government agencies of hment Form 640 instead.            |                                                                                   |                                    |                                                                                                                   |    |                                |
| 1. P       | PAYMENTS TO LOBBYING COALITIONS Form 630 to this Report.)                                                | (NOTE: You must attach a completed                                                |                                    | \$ <u>0.00</u>                                                                                                    |    |                                |
|            |                                                                                                          |                                                                                   |                                    | \$                                                                                                                |    |                                |
| 2. C       | OTHER PAYMENTS                                                                                           |                                                                                   |                                    | TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1. | \$ | 0.00                           |
| BEF        | MENTS IN CONNECTION WITH AE ORE THE CALIFORNIA PUBLIC UT nary of Payments section on page 1. (See instru | TILITIES COMMISSION Also, enter the                                               | ATEMAKING PF he total of Section E |                                                                                                                   | \$ | 0.00                           |

| PERIOD COV    | ERED: <u>04/01/2009</u> 06/3                                                                                                      | 0/2009                                                      |                                           |                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|---------------------|
| NAME OF FIL   | ER: LOS ANGELES; CITY OF                                                                                                          |                                                             |                                           |                     |
|               |                                                                                                                                   |                                                             |                                           |                     |
| made to or on | CAMPAIGN CONTRIBUTIONS MADE behalf of state candidates, elected state officers a officers must be reported in A or B below.)      | (Monetary and non-monetary and any of their controlled comm |                                           |                     |
| in a          | e contributions made by you during the period<br>campaign disclosure statement which is on f<br>dification number, if any, below. |                                                             |                                           |                     |
|               | Major Donor or Recipient Committee Which d A Campaign Disclosure Statement:                                                       |                                                             | Identification Numb<br>Recipient Committe |                     |
| NONE          |                                                                                                                                   |                                                             |                                           |                     |
| B. Con        | ributions of \$100 or more which have not be e by an organization's sponsored committee                                           |                                                             | disclosure statement, incl                | uding contributions |
| Date          | Name of Recipient                                                                                                                 |                                                             | I.D. Number if<br>Committee               | Amount              |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
|               |                                                                                                                                   |                                                             |                                           | \$                  |
| If mor        | e space is needed, check box and attach continuation sh                                                                           | eets.                                                       |                                           |                     |

PERIOD COVERED: 04/01/2009

06/30/2009

NAME OF FILER: LOS ANGELES; CITY OF

| Date Name and Address of Paye |                                       | Name and Official Position<br>of Reportable Persons and<br>Amount Benefiting Each |            |              | Description of<br>Consideration                                   | Total<br>Amount<br>of Activity |  |
|-------------------------------|---------------------------------------|-----------------------------------------------------------------------------------|------------|--------------|-------------------------------------------------------------------|--------------------------------|--|
|                               | Los Angeles World Airports            | Dennis Hollingsworth                                                              | \$         | 360.00       | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | John Benoit                                                                       | \$         | 60.00        | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Joseph Travaglione                                                                | \$         | 40.00        | airport parking a -<br>nd shuttler servic -<br>es                 | \$                             |  |
|                               | Los Angeles CA 91145<br>Reference No: | Member,CA Transportation - Commission                                             |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Mike Feuer                                                                        | \$         | 150.00       | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Alan Lowenthal                                                                    | \$         | 150.00       | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Jenny Oropeza                                                                     | \$         | 150.00       | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Rod Wright                                                                        | \$         | 150.00       | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Senator                                                                           |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles World Airports            | Bob Blumenfield                                                                   | \$         | 50.00        | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |  |
|                               |                                       | Assembly Member                                                                   |            |              |                                                                   |                                |  |
|                               | Los Angeles CA 91145<br>Reference No: |                                                                                   |            |              |                                                                   |                                |  |
|                               |                                       |                                                                                   | Also enter | the total of | Activity Expenses) Section C on Line C of ents section on page 1. | \$                             |  |

PERIOD COVERED: 04/01/2009

06/30/2009

NAME OF FILER: LOS ANGELES; CITY OF

| Date | Name and Address of Payee             | Name and Official Position of Reportable Persons and Amount Benefiting Each |                |            | Description of<br>Consideration                                   | Total<br>Amount<br>of Activity |
|------|---------------------------------------|-----------------------------------------------------------------------------|----------------|------------|-------------------------------------------------------------------|--------------------------------|
|      | Los Angeles World Airports            | Julia Brownley                                                              | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      | Los Angeles CA 91145                  | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Reference No:                         |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Mike Davis                                                                  | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Hector De La Torre                                                          | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Warren Furutani                                                             | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Ted Lieu                                                                    | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Bonnie Lowenthal                                                            | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Tony Mendoza                                                                | \$ 1           | 50.00      | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      | Los Angeles World Airports            | Curren Price                                                                | \$ 1           | 150.00     | airport parking a -<br>nd shuttle servic -<br>es                  | \$                             |
|      |                                       | Assembly Member                                                             |                |            |                                                                   |                                |
|      | Los Angeles CA 91145<br>Reference No: |                                                                             |                |            |                                                                   |                                |
|      |                                       |                                                                             | Also enter the | total of S | Activity Expenses) Section C on Line C of ents section on page 1. | \$<br>4590.00                  |

#### **Attachment Form 640**

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

7/13

PERIOD COVERED: <u>04/01/2009 -- 06/30/2009</u>

NAME OF FILER: LOS ANGELES; CITY OF

For Use By: A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the

instructions on the cover page before completing this attachment.

#### Other Payments to Influence Legislative or Administrative Action:

| 1. | Total payments for overhead expenses related to lobbying activity.  Report as a lump sum.                                                                                                              | \$<br>28024.39  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 2. | Total payments to Lobbying Coalitions. Report as a lump sum.  (Form 630 must be attached)                                                                                                              | \$<br>0.00      |
| 3. | Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). Report as a lump sum.                                                                        | \$<br>550.00    |
| 4. | Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.                                                        | \$<br>181563.61 |
| 5. | Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645. | \$<br>210138.00 |

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

| Name & Address of Payee                         | Amount This<br>Quarter | Cumulative Amount<br>Since January 1 |
|-------------------------------------------------|------------------------|--------------------------------------|
| eague of California Cities                      | \$<br>100476.00        | \$<br>100476.00                      |
| Sacramento CA 95814<br>Reference No: 10         |                        |                                      |
| Southern CA Alliance of Publicity               | \$<br>50000.00         | \$<br>50000.00                       |
| San Juan Capistrano CA 92675<br>Reference No: 9 |                        |                                      |
| CA Association of Port Authorities              | \$<br>21398.25         | \$<br>21398.25                       |
| Sacramento CA 95814<br>Reference No: 11         |                        |                                      |
| Subtotal of all payments itemized above         | \$<br>171874.25        |                                      |

### **Attachment Form 640**

(Continuation Sheet)

CALIFORNIA 1993 FORM

640

8/13

PERIOD COVERED: <u>04/01/2009--06/30/2009</u>

NAME OF FILER: LOS ANGELES; CITY OF

| Name & Address of Payee                   | Amount This<br>Quarter | Cumulative Amount Since January 1 Biennial Legislative Session |
|-------------------------------------------|------------------------|----------------------------------------------------------------|
| Southwest Airlines                        | 7951.00                | 10731.60                                                       |
| El Segundo CA 90245                       |                        |                                                                |
| California CPA Education Foundation       | 1160.00                | 1555.00                                                        |
| San Francisco CA 94145                    |                        |                                                                |
| Scan Natao Awards                         | 320.00                 | 320.00                                                         |
| Santa Monica CA 90401<br>Reference No: 12 |                        |                                                                |
| Marriott Residence Inn                    | 258.36                 | 258.36                                                         |
| Sacramento CA 95814<br>Reference No: 7    |                        |                                                                |





Subtotal of all payments itemized above

9689.36

\$

# AMENDMENT TO LOBBYING DISCLOSURE REPORT

| FOR USE BY FILERS AMENDI | NG REPORTS FILED PURSUAN | Γ |
|--------------------------|--------------------------|---|
| TO GOVERNMENT COI        | DE SECTIONS 86100-86117  |   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GOVERNMENT CODE SECTIONS                                        |                  | 4N I                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------|------------------------------------------|--------------------------|
| FORM 690<br>1990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                  |                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR OFFICIAL USE ONLY                                           |                  |                                          |                          |
| TYPE OR PRINT IN INK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                  |                                          | A                        |
| For information required to be provided to your Manual on Lobbying Disclosure Provisions of State of S |                                                                 | ces Act of 1977, | see Information                          | В                        |
| NAME OF FILER:<br>LOS ANGELES; CITY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                  |                                          |                          |
| NAME OF EMPLOYER OR FIRM: (If this amendme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt is being filed by a lobbyist)                                |                  |                                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                  |                                          |                          |
| BUSINESS ADDRESS OF FILER: (Number and St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | reet) (City)                                                    | (State)          | (Zip Code)                               | TELEPHONE NUMBER:        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOS ANGELES                                                     | CA               | 90012                                    |                          |
| 1. The following information a for the period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | to <u>06/30/2009</u><br>ts items on Part(s) <u>Form 635</u>     | Part I & III     | Section(s) <u>l</u>                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VERIFICAT                                                       | ION              |                                          |                          |
| I have used all reasonable di<br>of my knowledge the informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ligence in preparing this Ame<br>n contained herein is true and |                  | e reviewed the A                         | mendment and to the best |
| I certify under penalty of per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ury under the laws of the Stat                                  | e of California  | a that the foregoi                       | ng is true and correct.  |
| Executed on (Date) 01/28/2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | At (City and State)<br>Sacramento,CA                            |                  | By (Signature of Filer<br>James F. DeBoo |                          |
| Name of Filer (Type or Print) James F. DeBoo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                               |                  | Title<br>Chief Legislative               |                          |

#### PAGE 1

Schedule F635 Reference No:

Bill and agencies lobbied: AB 1003,AB 1004,AB 1015,AB 1060,AB 1186,AB 1192,AB 1336,AB 1366,AB 1390,AB 1405,AB 1422,AB 1498, - HR 5,SB 4,SB 14,SB 17,SB 23,SB 29,SB 31,SB 60,SB 93,SB 94,SB 128,SB 138,SB 201,SB 250,SB 570,SB 572,SB 575,SB 648,SB 652, - SB 697,SB 728,SB 789,Legislature,Governors Office,State Budget,Transportation,Public Safety,Renewable Portfolio Standards,Prop 1A,D - epartment of Finance,Business Transportation & Housing,State Controller,State Treasurer,American Recovery and Reinvestment Act (AR - RA).

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Schedule F635P3B Reference No: 2

Bills and Agencies lobbied: AB 49,AB 64,SB 14 ? Legislature,Air Resources Board,Energy Commission

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Schedule F635P3B Reference No: 3

Bills lobbied: AB 14,AB 30,AB 64,AB 91,AB 109,AB 241,AB 395,AB 566,AB 700,AB 814,AB 937,AB 962,AB 1004,AB 1015,SB 4,SB 14,SB 17,SB 138,SB 201,SB 250,SB 696,SB 697,SB 789

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Schedule F635P3B Reference No: 4

Bills and Agencies lobbied: AB 21,AB 118,AB 310,AB 892,AB 1292,SB 632 ? Legislature,Governor's office,Department of Finance,CalTra-ns,California Transportation Commission,Business Transportation & Housing,Energy Commission,California Air Resources Board,Prop 1B

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Schedule F635P3C Reference No: 5

April - June 2009: Airport parking and shuttle services at LAX and Ontario airports.

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Schedule S640 Reference No: 10

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Schedule S640 Reference No: 9

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Schedule S640 Reference No: 12

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Schedule S640 Reference No: 7